

BLAKELY SOKOLOFF TAYLOR & ZAFMAN LLP

FACSIMILE: (303) 740-6962

PAGE 1/16 * RCVD AT 11/16/2007 6:48:31 PM [Eastern Standard Time] * SVR:USPTO-EFXRF-5/17 * DNIS:2738300 * CSID:3037406962 * DURATION (mm-ss):04-40

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application No.	10/749,987
		Filing Date	December 31, 2003
		First Named Inventor	Neil J. Bershad
		Art Unit	2611
		Examiner Name	Phuong M. Phu
Total Number of Pages in This Submission	16	Attorney Docket Number	42P17667

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Facsimile Cover Sheet</div>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Brent E. Vecchia, Reg. No. 48,011 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	<i>Brent E. Vecchia</i>
Date	November 16, 2007

CERTIFICATE OF MAILING/TRANSMISSION			
I hereby certify that this correspondence is being transmitted via facsimile on the date shown below to the United States Patent and Trademark Office.			
Typed or printed name	Wendi Lou Rostan		
Signature		Date	November 16, 2007

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FEE TRANSMITTAL for FY 2007

Patent fees are subject to annual revision.

Complete if Known

Application Number 10/749,987
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First Named Inventor Neil J. Bershad
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Art Unit 2611
Attorney Docket No. 42P17667

☐ Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$) 120.00

METHOD OF PAYMENT (check all that apply)

- ☐ Check ☐ Credit card ☐ Money Order ☐ None ☐ Other (please identify): _____
- ☒ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☒ Charge fee(s) indicated below ☒ Credit any overpayments
- ☐ Charge fee(s) indicated below, except for the filing fee ☒ Any concurrent or future reply that requires a petition for extension of time should be treated as incorporating an appropriate petition for extension of time and all required fees should be charged.
- ☒ Charge any additional fee(s) or underpayment of fee(s) during the pendency of this application.

FEE CALCULATION

1. EXTRA CLAIM FEES

Total Claims	29	- 29*	= 0	x	50.00	=	\$0.00
Independent Claims	4	- 4*	= 0	x	210.00	=	\$0.00
Multiple Dependent							

Large Entity	Small Entity	Fee Description
Fee Code (\$)	Fee Code (\$)	
1202 50	2202 25	Claims in excess of 20
1201 210	2201 105	Independent claims in excess of 3
1203 370	2203 185	Multiple Dependent claim, if not paid
1204 810	2204 405	**Reissue independent claims over original patent
1205 810	2205 405	**Reissue claims in excess of 20 and over original patent

SubTOTAL (1) (\$) 0.00

*or number previously paid, if greater. For Reissues, see below

2. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description
Fee Code (\$)	Fee Code (\$)	
1051 130	2051 65	Surcharge - late filing fee or oath
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet
2053 130	2053 130	Non-English specification
1251 120	2251 60	Extension for reply within first month
1252 460	2252 230	Extension for reply within second month
1253 1,050	2253 525	Extension for reply within third month
1254 1,640	2254 820	Extension for reply within fourth month
1255 2,230	2255 1,115	Extension for reply within fifth month
1401 510	2401 255	Notice of Appeal
1402 510	2402 255	Filing a brief in support of an appeal
1403 1,030	2403 515	Request for oral hearing
1451 1,510	2451 1,510	Petition to institute a public use proceeding
1460 130	2460 130	Petitions to the Commissioner
1807 50	1807 50	Processing fee under 37 CFR 1.17(q)
1806 180	1806 180	Submission of Information Disclosure Sheet
1809 810	1809 405	Filing a submission after final rejection (37 CFR § 1.129(a))
1810 810	2810 405	For each additional invention to be examined (37 CFR § 1.129(b))

Other fee (specify) _____

SubTOTAL (2) (\$) 120.00

SUBMITTED BY

Complete (if applicable)

Name (Print/Type) Brent E. Vecchia Registration No. 48,011 Telephone (303) 740-1980

Signature *Brent E. Vecchia* Date 11/16/07

Based on PTO/SB/17 (02-07) as modified by Blakely, Sokoloff, Taylor & Zafman (w/1) 02/28/2007.
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- ☒ Charge any additional fee(s) or underpayment of fee(s) during the pendency of this application.

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Independent Claims	4 - 4 = 0	210.00	\$0.00
Multiply Dependent			
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SUBTOTAL (1)		(\$)	0.00

**or number previously paid, if greater. For Reissues, see below

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1809 810	1809 405	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810 810	2810 405	For each additional invention to be examined (37 CFR § 1.129(b))	
Other fee (specify)			
SUBTOTAL (2)		(\$)	120.00

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